



Monroe County Department of Public Health

Food Protection – Room 1020
111 Westfall Road/ P.O. Box 92832
Rochester, New York 14692
Phone (585) 753-5064 / Fax (585) 753-5013

DO NOT WRITE IN THIS SPACE Date ____/____/____
Rec. # _____ Check # _____ Amount _____
New ☐ _____ Name/Operator Change ☐
_____ Inspector _____
Former Est. Name _____

APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT
Please complete this form. Print or type all information.

Pursuant to part 14-1.190(c) of the New York State Sanitary Code, I / We hereby submit the following information and make application to operate a food service establishment.

Name of Establishment _____	Number of seats _____
Address _____	
Location: _____ (city, town or village) (state)	Zip _____ Business Telephone _____

OWNER/CORPORATION NAME _____
(Partnership or Corporate Title – if applicable- copy of certificate attached)

Billing Address _____ **City** _____ **State** _____ **Zip** _____

Home Address (Non PO Box) _____ **Home telephone** _____

Cell Phone _____ **E-Mail (optional)** _____

Partners' or Corporate Officers' Names & Titles	Home Addresses and Phone Number
_____	_____
_____	_____

Type of establishment ☐ Restaurant and/or Tavern ☐ Catering ☐ School or College ☐ Retail Bakery ☐ Delicatessen
☐ Industrial Food Service ☐ Commissary ☐ Mobile Vending (Provide details on back)

Operating Days and Hours _____

Certified Food Worker (If you do NOT meet the training requirements at time of submission of this application you MUST list the SCHEDULED training dates & the training providers for these workers and MUST submit proof of completion of course to office)

Name of L1 worker* _____ **Certification #** _____ **exp** _____
* Please attach a copy of certificate. (ServSafe, National Registry, or Prometric)

Name of L2 worker** _____ **Certification #** _____ **exp** _____
** Please attach a copy of Level 2 certificate.

Signed*** _____ **Date of application** _____
*** Signature must be original, no copies or faxes accepted.

Print name _____

2011 Fees: Bakeries, Commissary, Mobile Units, Delicatessens & Caterers \$225.00

Restaurant Seating 0-25 \$170.00 Restaurant Seating 26-50 \$230.00 Restaurant Seating 51+ \$370.00

(OVER- CONTINUED ON BACK OF PAGE)

Worker's Compensation and Disability Insurance Information
(Proof of insurance is required prior to permit issuance)

Workers' Compensation: Check and Submit Certificate with Application

- ☐ Form C-105.2 – Certificate of Worker's Compensation Insurance (issued by the applicant's insurance carrier); **OR**
- ☐ Form U-26.3 – Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund); **OR**
- ☐ Form SI-12 – Certificate of Workers' Compensation Self-Insurance, **OR**
- ☐ GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

AND

Disability Benefits: Check and Submit Certificate with Application

- ☐ DB-120.1 - Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**
- ☐ Form DB-155 – Certificate of Disability Benefits Self-Insurance

When WC/DB coverage IS NOT provided: Check and Submit Certificate with Application

- ☐ Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (Must be submitted with Application if WC/DB coverage is Not provided)

Note: Applicants will be able to fill out the CE-200 on line at the Worker's Compensation Board's website, www.wcb.state.ny.us, and print a copy for submission to the Department of Public Health. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Worker's Compensation Board District offices. A local District Office is located at 130 West Main St., Rochester, NY 14614. The toll free number for the office is 1-866-211-0644.

Mobile Food Service Information

(Fill out if 'Mobile Vending' is checked on Page 1)

Type of Vehicle ☐ Motorized ☐ Pushcart ☐ Other (specify) _____

Commissary Name: _____ ☐ Letter

Where do you plan to set up? (a) _____

(b) _____

Check the foods you are planning to serve:

- ☐ Hot dogs ☐ Hamburgers (commercial pre-formed) ☐ Pre-cooked sausage
- ☐ Pre-cooked chicken ☐ Shaved frozen steaks ☐ Commercial hot sauce

List any other types of food you would like to be considered for approval of service:
